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February 3, 2000

Box AF
Assistant Commissioner for Patents
Washington, DC 20231

Re: U.S. Patent Application Serial No.: 08/922,240
Entitled: *Gene Therapy by Cell Specific Targeting*
By: Schreiber et al.
Filed: August 27, 1997
Examiner Hauda, K.; Group Art Unit: 1632
Our Ref.: APV-007.01

FEB 10 2000

Dear Sir:

Enclosed for filing in the above-referenced patent application please find the following:

1. Checks of \$435.00 for the Extension of Time and \$150.00 for Notice of Appeal;
2. Fee Transmittal;
3. Request for a Three-Months Extension of Time;
4. Notice of Appeal;
5. Response and Amendment;
6. Four (4) Cited References; and
7. Return mail room postcard.

The Commissioner is hereby authorized to charge any under-payments or credit any over-payments to our Deposit Account No. 06-1448.

Certificate of First Class Mailing (37 CFR 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box AF, Assistant Commissioner for Patents, Washington, D.C. 20231 on the date set forth below

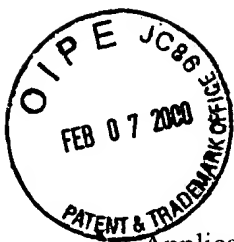
February 3, 2000
Date of Signature
and of Mail Deposit

By: _____

Matthew P. Vincent

Respectfully submitted,
FOLEY, HOAG & ELIOT LLP

Matthew P. Vincent, Ph.D., J.D.
Registration No. 36,709
Attorney for Applicants



EXPEDITED AFTER
FINAL PROCEDURE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Schreiber et al.

Serial No.: 08/922,240

Filing Date: August 27, 1997

Title: *Gene Therapy by Cell Specific Targeting*

Examiner: Hauda, K.

Group Art Unit: 1632

Atty. Docket No: **APV-007.01**

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Assistant Commissioner for Patents

Washington, DC 20231

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2/3/00
Date of Signature and Mail Deposit

By: [Signature]
Matthew P. Vincent

FEE CALCULATION SHEET/TRANSMITTAL OF RESPONSE TO FINAL OFFICE ACTION

Sir/Madam:

Transmitted herewith is a Response to Final Office Action, Notice of Appeal, a Request for a Three-Month Extension of Time, and all applicable fees.

	No. Claims after Amendment		Highest No. Previously Paid For	EXTRA
TOTAL		MINUS	57	
INDEP.		MINUS	8	
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

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x 39 =	\$
+130 =	\$
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x 260 =	\$0
	\$0

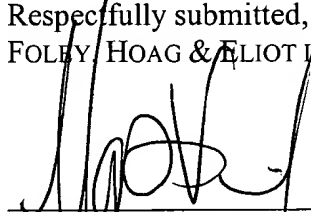
TOTAL ADDITIONAL FEE

OR TOTAL

[] A check for \$ _____ to cover the extra claim fee is enclosed.

- [] The Commissioner is hereby authorized to charge \$_____ to our Deposit Account No. 06-1448 to cover the extra claim fee.
- [X] Checks in the amount of \$435.00 to cover the Three-Month Extension of Time and \$150.00 for the Notice of Appeal are enclosed.
- [X] Please charge any additional fees or credit any overpayments associated with this communication to our Deposit Account No. 06-1448. A duplicate of this sheet is enclosed.

Respectfully submitted,
FOLEY, HOAG & ELIOT LLP



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Date: February 3, 2000